

Nursing Practice Standards and Code of Conduct

Application

Effective Date	Programme application
March 2023	Allowah Presbyterian Children's Hospital and its programs

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Approved / Reviewed

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Issue	Date	Author	Change Description
1	March 2023	E McClean	New Policy

Safe Work Practices

								
PATIENT / PARENT EDUCATION	HAND HYGIENE	TAKE CARE WITH SHARPS	STANDARD PRE- CAUTIONS	ADDITIONAL INFECTION CONTROL PRECAUTIONS	BACK CARE MANUAL HANDLING	MAINTAIN ELECTRICAL SAFETY	SPILLS ARE HAZARDOUS	CLINICAL COMPETENCY

Other relevant policies

Nursing and Midwifery Code of Conduct
Credentialling and Scope of Clinical Practice

Document Summary / Key Points:

- Introduction to the Nursing Practice Standards
- Introduction to the Nursing Code of Conduct

Change Summary:

- New Policy

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1. REFERS TO

This document sets out the nursing practice requirements for Allowah Presbyterian Children's Hospital [Allowah].

2. PURPOSE

This policy aims to make clear the requirements for all nurses, according to the Nursing and Midwifery Board of Australia [NMBA] including the Registered Nurse Standards for Practice, Enrolled Nurse Standards for Practice and the Code of Conduct for Nurses.

3. POLICY STATEMENT

All Registered Nurses and Enrolled Nurses employed by or offering services on behalf of Allowah will comply with the NMBA Standards for Practice relevant to

their role. All Registered Nurses and Enrolled Nurses will comply with the Nursing and Midwifery Board Code of Conduct for Nurses.

4. RESPONSIBILITIES

4.1. Chief Executive Officer

The Chief Executive Officer is responsible for ensuring that this policy is enacted within Allowah.

4.2. Director of Nursing

The Director of Nursing is responsible for ensuring that all Registered Nurses and Enrolled Nurses are aware of the Nursing Standards of Practice and Nursing Code of Conduct, and that these standards and expectations are included in their performance appraisals and ongoing assessment of practice.

4.3. Registered Nurses and Enrolled Nurses

All Registered Nurses and Enrolled Nurses are responsible for understanding the requirements and expectations documented in this policy and in the Standards and Codes of Practice published by the NMBA. All Registered Nurses and Enrolled Nurses practicing on behalf of or in association with Allowah are responsible for embodying those requirements and expectations.

5. REGISTERED NURSE STANDARDS FOR PRACTICE

The NMBA Registered Nurse Standards for Practice outline the expectations for Registered Nurses practicing at or on behalf of Allowah. These national standards help RNs across all areas of practice fulfil their responsibilities to the NMBA. The standards apply to the provision of direct clinical care as well as any paid or unpaid role which uses nursing skills or knowledge. There are seven interconnected standards which are to be upheld by all RNs practicing at or on behalf of Allowah:

- Standard 1: Thinks critically and analyses nursing practice
- Standard 2: Engages in therapeutic and professional relationships
- Standard 3: Maintains the capability for practice
- Standard 4: Comprehensively conducts assessments
- Standard 5: Develops a plan for nursing practice

- Standard 6: Provides safe, appropriate and responsive quality nursing practice
- Standard 7: Evaluates outcomes to inform nursing practice

Details of what is included in each Standard can be found
<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

6. ENROLLED NURSE STANDARDS FOR PRACTICE

The NMBA Registered Nurse Standards for Practice outline the expectations for Enrolled Nurses practicing at or on behalf of Allowah. These national standards help ENs across all areas of practice fulfil their responsibilities to the NMBA. The standards apply to the provision of direct clinical care as well as any paid or unpaid role which uses nursing skills or knowledge. There are ten interconnected standards which are to be upheld by all ENs practicing at or on behalf of Allowah:

- Standard 1: Functions in accordance with the laws, policies and procedures affecting EN practice
- Standard 2: Practices nursing in a way that ensures the rights, confidentiality, dignity and respect of people are upheld
- Standard 3: Accepts accountability and responsibility for own actions
- Standard 4: Interprets information from a range of sources in order to contribute to planning effective care
- Standard 5: Collaborates with the RN, the person receiving care and the healthcare team when developing plans of care
- Standard 6: Provides skilled and timely care to people whilst promoting their independence and involvement in care decision-making
- Standard 7: Communicates and uses documentation to inform and report care
- Standard 8: Provides nursing care that is informed by research evidence
- Standard 9: Practices within safety and quality improvement guidelines and standards
- Standard 10: Engages in ongoing development of self as a professional

Details of what is included in each Standard can be found
<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx>

7. THE CODE OF CONDUCT FOR NURSES

The NMBA Code of Conduct for Nurses explains the legal requirements and conduct expectations for all Registered Nurses and Enrolled Nurses in Australia.

The Code of Conduct covers all interactions with clients, both clinical and non-clinical, as well as expectations regarding management, leadership, governance, administration, education, research, advisory, regulatory, policy development roles or other roles which use a nurse's professional skills or knowledge.

This Code of Conduct, along with the related NMBA Standards for Practice, defines the professional behaviour expected of all Registered Nurses and Enrolled Nurses associated with Allowah. A copy of this code of conduct will be signed by Allowah Registered Nurses and Enrolled Nurses.

Conduct is framed around seven principles, each with a supporting values statement and practical guidance demonstrating how they can be applied in practice. The principles are categorised into four domains.

7.1. Legal compliance

Domain: Practice legally

Value: Nurses respect and adhere to professional obligations under the National Law and abide by relevant laws.

7.1.1. Obligations

It is important that nurses are aware of their obligations under the National Law, including reporting requirements and meeting registration standards. Nurses must:

- a. abide by any reporting obligations under the National Law and other relevant legislation. Please refer to sections 129, 130, 131 and 141 of the National Law and the NMBA's Guidelines for mandatory notifications
- b. inform the Australian Health Practitioner Regulation Agency [AHPRA] and their employer(s) if a legal or regulatory entity has imposed restrictions on their practice, including limitations, conditions, undertakings, suspension, cautions or reprimands, and recognise that a breach of any restriction would place the public at risk and may constitute unprofessional conduct or professional misconduct
- c. complete the required amount of continuing professional development [CPD] relevant to their context of practice. See the NMBA's Registration standard: Continuing professional development, Policy: Exemptions from continuing professional development for nurses and midwives and Fact sheet: Continuing professional development for these requirements

- d. ensure their practice is appropriately covered by professional indemnity insurance.
See the NMBA's Registration standard: Professional indemnity insurance arrangements and Fact sheet: Professional indemnity insurance arrangements, and
- e. inform AHPRA of charges, pleas and convictions relating to criminal offences.
See the NMBA's Registration standard: Criminal history.

7.1.2. Lawful behaviour

Nurses practice honestly and ethically and should not engage in unlawful behaviour as it may affect their practice and/or damage the reputation of the profession. Nurses must:

- a. respect the nurse-person professional relationship by not taking possessions and/or property that belong to the person and/or their family
- b. comply with relevant poisons legislation, authorisation, local policy and own scope of practice, including to safely use, administer, obtain, possess, prescribe, sell, supply and store medications and other therapeutic products
- c. not participate in unlawful behaviour and understand that unlawful behaviour may be viewed as unprofessional conduct or professional misconduct and have implications for their registration, and
- d. understand that making frivolous or vexatious complaints may be viewed as unprofessional conduct or professional misconduct and have implications for their registration.

7.1.3. Mandatory reporting

Caring for those who are vulnerable brings legislative responsibilities for nurses, including the need to abide by relevant mandatory reporting requirements as they apply across individual states and territories. Nurses must:

- a. abide by the relevant mandatory reporting legislation that is imposed to protect groups that are particularly at risk, including reporting obligations about the aged, child abuse and neglect and remaining alert to the newborn and infants who may be at risk, and
- b. remain alert to other groups who may be vulnerable and at risk of physical harm and sexual exploitation and act on welfare concerns where appropriate.

7.2. Person-centred practice

Domain: Practice Safely, effectively and collaboratively

Value: Nurses provide safe, person-centred, evidence-based practice for the health and wellbeing of people and, in partnership with the person, promote

shared decision-making and care delivery between the person, nominated partners, family, friends and health professionals.

7.2.1. Nursing practice

Nurses apply person-centred and evidence-based decision-making and have a responsibility to ensure the delivery of safe and quality care. Nurses must:

- a. practice in accordance with the standards of the profession and broader health system (including the NMBA's standards, codes and guidelines, the National Safety and Quality Health Service Standards and Aged Care Quality Standards where applicable)
- b. provide leadership to ensure the delivery of safe and quality care and understand their professional responsibility to protect people, ensuring employees comply with their obligations, and
- c. document and report concerns if they believe the practice environment is compromising the health and safety of people receiving care.

7.2.2. Decision making

Making decisions about healthcare is the shared responsibility of the person (who may wish to involve their nominated partners, family and friends) the nurse and other health professionals. Nurses should create and foster conditions that promote shared decision-making and collaborative practice. To support shared decision-making, nurses must:

- a. take a person-centred approach to managing a person's care and concerns, supporting the person in a manner consistent with that person's values and preferences
- b. advocate on behalf of the person where necessary, and recognise when substitute decision-makers are needed (including legal guardians or holders of power of attorney)
- c. support the right of people to seek second and/or subsequent opinions or the right to refuse treatment/care
- d. recognise that care may be provided to the same person by different nurses, and by other members of the healthcare team, at various times
- e. recognise and work within their scope of practice which is determined by their education, training, authorisation, competence, qualifications and experience, in accordance with local policy (see also the NMBA's Decision-making framework for nursing and midwifery)
- f. recognise when an activity is not within their scope of practice and refer people to another health practitioner when this is in the best interests of the person receiving care

- g. take reasonable steps to ensure any person to whom a nurse delegates, refers, or hands over care has the qualifications, experience, knowledge, skills and scope of practice to provide the care needed (see also the NMBA's Decision-making framework for nursing and midwifery, and
- h. recognise that their context of practice can influence decision-making. This includes the type and location of practice setting, the characteristics of the person receiving care, the focus of nursing activities, the degree to which practice is autonomous and the resources available.

7.2.3. Informed consent

Informed consent is a person's voluntary agreement to healthcare, which is made with knowledge and understanding of the potential benefits and risks involved. In supporting the right to informed consent, nurses must:

- a. support the provision of information to the person about their care in a way and/or in a language/dialect they can understand, through the utilisation of translating and interpreting services, when necessary. This includes information on examinations and investigations, as well as treatments
- b. give the person adequate time to ask questions, make decisions and to refuse care, interventions, investigations and treatments, and proceed in accordance with the person's choice, considering local policy
- c. act according to the person's capacity for decision-making and consent, including when caring for children and young people, based on their maturity and capacity to understand, and the nature of the proposed care
- d. obtain informed consent or other valid authority before carrying out an examination or investigation, provide treatment (this may not be possible in an emergency), or involving people in teaching or research, and
- e. inform people of the benefit, as well as associated costs or risks, if referring the person for further assessment, investigations or treatments, which they may want to clarify before proceeding.

7.2.4. Adverse events and open disclosure

When a person is harmed by healthcare (adverse events), nurses have responsibilities to be open and honest in communicating with the person, to review what happened, and to report the event in a timely manner, and in accordance with local policy. When something goes wrong, nurses must:

- a. recognise and reflect on what happened and report the incident
- b. act immediately to rectify the problem if possible and intervene directly if it is needed to protect the person's safety. This responsibility includes escalating concerns if needed

- c. abide by the principles of open disclosure and non-punitive approaches to incident management
- d. identify the most appropriate healthcare team member to provide an apology and an explanation to the person, as promptly and completely as possible, that supports open disclosure principles
- e. listen to the person, acknowledge any distress they experienced and provide support. In some cases, it may be advisable to refer the person to another nurse or health professional
- f. ensure people have access to information about how to make a complaint, and that in doing so, not allow a complaint or notification to negatively affect the care they provide, and
- g. seek advice from their employer, AHPRA, their professional indemnity insurer, or other relevant bodies, if they are unsure about their obligations.

See also the Australian Commission on Safety and Quality in Health Care's publication Australian Open Disclosure Framework.

7.3. Cultural practice and respectful relationships.

Domain: Practice Safely, effectively and collaboratively

Value: Nurses engage with people as individuals in a culturally safe and respectful way, foster open, honest and compassionate professional relationships, and adhere to their obligations about privacy and confidentiality.

7.3.1. Aboriginal and Torres Strait Islander peoples' health

Australia has always been a culturally and linguistically diverse nation. Aboriginal and Torres Strait Islander peoples have inhabited and cared for the land as the first peoples of Australia for millennia, and their histories and cultures have uniquely shaped our nation. Understanding and acknowledging historic factors such as colonisation and its impact on Aboriginal and Torres Strait Islander peoples' health helps inform care. In particular, Aboriginal and Torres Strait Islander peoples bear the burden of gross social, cultural and health inequality. In supporting the health of Aboriginal and Torres Strait Islander peoples, nurses must:

- a. provide care that is holistic, free of bias and racism, challenges belief based upon assumption and is culturally safe and respectful for Aboriginal and Torres Strait Islander peoples
- b. advocate for and act to facilitate access to quality and culturally safe health services for Aboriginal and Torres Strait Islander peoples, and
- c. recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and Torres Strait Islander peoples.

For both prevention strategies and care delivery, see the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives website.

7.3.2. Culturally safe and respectful practice

Culturally safe and respectful practice requires having knowledge of how a nurse's own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. To ensure culturally safe and respectful practice, nurses must:

- a. understand that only the person and/or their family can determine whether or not care is culturally safe and respectful
- b. respect diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among team members
- c. acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels
- d. adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs)
- e. support an inclusive environment for the safety and security of the individual person and their family and/or significant others, and
- f. create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including people and colleagues.

7.3.3. Effective communication

Positive professional relationships are built on effective communication that is respectful, kind, compassionate and honest. To communicate effectively, nurses must:

- a. be aware of health literacy issues, and take health literacy into account when communicating with people
- b. make arrangements, whenever possible, to meet the specific language, cultural, and communication needs of people and their families, through the utilisation of translating and interpreting services where necessary, and be aware of how these needs affect understanding
- c. endeavour to confirm a person understands any information communicated to them
- d. clearly and accurately communicate relevant and timely information about the person to colleagues, within the bounds of relevant privacy requirements, and

- e. be non-judgemental and not refer to people in a non-professional manner verbally or in correspondence/records, including refraining from behaviour that may be interpreted as bullying or harassment and/or culturally unsafe.

7.3.4. Bullying and harassment

When people repeatedly and intentionally use words or actions against someone or a group of people, it causes distress and risks their wellbeing. Nurses understand that bullying and harassment relating to their practice or workplace is not acceptable or tolerated and that where it is affecting public safety it may have implications for their registration. Nurses must:

- a. never engage in, ignore or excuse such behaviour
- b. recognise that bullying and harassment takes many forms, including behaviours such as physical and verbal abuse, racism, discrimination, violence, aggression, humiliation, pressure in decision-making, exclusion and intimidation directed towards people or colleagues
- c. understand social media is sometimes used as a mechanism to bully or harass, and that nurses should not engage in, ignore or excuse such behaviour
- d. act to eliminate bullying and harassment, in all its forms, in the workplace, and
- e. escalate their concerns if an appropriate response does not occur.

For additional guidance see the Australian Human Rights Commission – Bullying fact sheet.

See also Nurse & Midwife Support, the national health support service for nurses, midwives and students.

7.3.5. Confidentiality and privacy

Nurses have ethical and legal obligations to protect the privacy of people. People have a right to expect that nurses will hold information about them in confidence, unless the release of information is needed by law, legally justifiable under public interest considerations or is required to facilitate emergency care. To protect privacy and confidentiality, nurses must:

- a. respect the confidentiality and privacy of people by seeking informed consent before disclosing information, including formally documenting such consent where possible
- b. provide surroundings to enable private and confidential consultations and discussions, particularly when working with multiple people at the same time, or in a shared space

- c. abide by the NMBA's Social media guidance and relevant standards for practice, to ensure use of social media is consistent with the nurse's ethical and legal obligations to protect privacy
- d. access records only when professionally involved in the care of the person and authorised to do so
- e. not transmit, share, reproduce or post any person's information or images, even if the person is not directly named or identified, without having first gained written and informed consent. See also the NMBAs 'Social media guidance and Guidelines for advertising regulated health services
- f. recognise people's right to access information contained in their health records, facilitate that access and promptly facilitate the transfer of health information when requested by people, in accordance with local policy, and
- g. when closing or relocating a practice, facilitating arrangements for the transfer or management of all health records in accordance with the legislation governing privacy and health records.

7.3.6. End-of-life care

Nurses have a vital role in helping the community to deal with the reality of death and its consequences. In providing culturally appropriate end-of-life care, nurses must:

- a. understand the limits of healthcare in prolonging life, and recognise when efforts to prolong life may not be in the best interest of the person
- b. accept that the person has the right to refuse treatment, or to request withdrawal of treatment, while ensuring the person receives relief from distress
- c. respect diverse cultural practices and beliefs related to death and dying
- d. facilitate advance care planning and provision of end-of-life care where relevant and in accordance with local policy and legislation, and
- e. take reasonable steps to ensure support is provided to people, and their families, even when it is not possible to deliver the outcome they desire.

See also the Australian Commission on Safety and Quality in Health Care – End-of-Life Care.

7.4. Act with professional integrity

Domain: Act with professional integrity

Value: Nurses embody integrity, honesty, respect and compassion.

7.4.1. Professional boundaries

Professional boundaries allow nurses, the person and the person's nominated partners, family and friends, to engage safely and effectively in professional relationships, including where care involves personal and/or intimate contact. In order to maintain professional boundaries, there is a start and end point to the professional relationship, and it is integral to the nurse-person professional relationship. Adhering to professional boundaries promotes person-centred practice and protects both parties. To maintain professional boundaries, nurses must:

- a. recognise the inherent power imbalance that exists between nurses, people in their care and significant others and establish and maintain professional boundaries
- b. actively manage the person's expectations, and be clear about professional boundaries that must exist in professional relationships for objectivity in care and prepare the person for when the episode of care ends
- c. avoid the potential conflicts, risks, and complexities of providing care to those with whom they have a pre-existing non-professional relationship and ensure that such relationships do not impair their judgement. This is especially relevant for those living and working in small, regional or cultural communities and/or where there is long-term professional, social and/or family engagement
- d. avoid sexual relationships with persons with whom they have currently or had previously entered into a professional relationship. These relationships are inappropriate in most circumstances and could be considered unprofessional conduct or professional misconduct
- e. recognise when over-involvement has occurred, and disclose this concern to an appropriate person, whether this is the person involved or a colleague
- f. reflect on the circumstances surrounding any occurrence of over-involvement, document and report it, and engage in management to rectify or manage the situation
- g. in cases where the professional relationship has become compromised or ineffective and ongoing care is needed, facilitate arrangements for the continuing care of the person to another health practitioner, including passing on relevant clinical information (see also 3.3 Effective communication)
- h. actively address indifference, omission, disengagement/lack of care and disrespect to people that may reflect under-involvement, including escalating the issue to ensure the safety of the person if necessary
- i. avoid expressing personal beliefs to people in ways that exploit the person's vulnerability, are likely to cause them unnecessary distress, or may

negatively influence their autonomy in decision-making (see the NMBA standards for practice), and

- j. not participate in physical assault such as striking, unauthorised restraining and/or applying unnecessary force.

7.4.2. Advertising and professional representation

Nurses must be honest and transparent when describing their education, qualifications, previous occupations and registration status. This includes, but is not limited to, when nurses are involved in job applications, self-promotion, publishing of documents or web content, public appearances, or advertising or promoting goods or services. To honestly represent products and regulated health services, and themselves, nurses must:

- a. comply with legal requirements about advertising outlined in the National Law (explained in the NMBA's Guidelines for advertising regulated health services), as well as other relevant Australian state and territory legislation
- b. provide only accurate, honest and verifiable information about their registration, experience and qualifications, including any conditions that apply to their registration (see also Principle 1: Legal compliance)
- c. only use the title of nurse if they hold valid registration and/or endorsement (see also the NMBA's Fact sheet: The use of health practitioner protected titles), and
- d. never misrepresent, by either a false statement or an omission, their registration, experience, qualifications or position.

7.4.3. Legal, insurance and other assessments

Nurses may be contracted by a third party to provide an assessment of a person who is not in their care, such as for legal, insurance or other administrative purposes. When this occurs the usual nurse-person professional relationship does not exist. In this situation, nurses must:

- a. explain to the person their professional area of practice, role, and the purpose, nature and extent of the assessment to be performed
- b. anticipate and seek to correct any misunderstandings the person may have about the nature and purpose of the assessment and report, and
- c. inform the person and/or their referring health professional of any unrecognised, serious problems that are discovered during the assessment, as a matter of duty-of-care.

7.4.4. Conflicts of interest

People rely on the independence and trustworthiness of nurses who provide them with advice or treatment. In nursing practice, a conflict of interest arises when a nurse has financial, professional or personal interests or relationships and/or personal beliefs that may affect the care they provide or result in personal gain.

Such conflicts may mean the nurse does not prioritise the interests of a person as they should and may be viewed as unprofessional conduct. To prevent conflicts of interest from compromising care, nurses must:

- a. act with integrity and in the best interests of people when making referrals, and when providing or arranging treatment or care
- b. responsibly use their right to not provide, or participate directly in, treatments to which they have a conscientious objection. In such a situation, nurses must respectfully inform the person, their employer and other relevant colleagues, of their objection and ensure the person has alternative care options
- c. proactively and openly inform the person if a nurse, or their immediate family, has a financial or commercial interest that could be perceived as influencing the care they provide
- d. not offer financial, material or other rewards (inducements) to encourage others to act in ways that personally benefit the nurse, nor do anything that could be perceived as providing inducements, and
- e. not allow any financial or commercial interest in any entity providing healthcare services or products to negatively affect the way people are treated.

7.4.5. Financial arrangements and gifts

It is necessary to be honest and transparent with people. To ensure there is no perception of actual or personal gain for the nurse, nurses must:

- a. when providing or recommending services, discuss with the person all fees and charges expected to result from a course of treatment in a manner appropriate to the professional relationship, and not exploit people's vulnerability or lack of knowledge
- b. only accept token gifts of minimal value that are freely offered and report the gifts in accordance with local policy
- c. not accept, encourage or manipulate people to give, lend, or bequeath money or gifts that will benefit a nurse directly or indirectly
- d. not become financially involved with a person who has or who will be in receipt of their care, for example through bequests, powers of attorney, loans and investment schemes, and

- e. not influence people or their families to make donations, and where people seek to make a donation refer to the local policy.

7.5. Teaching, supervising and assessing

Domain: Act with professional integrity

Value: Nurses commit to teaching, supervising and assessing students and other nurses in order to develop the nursing workforce across all contexts of practice.

7.5.1. Teaching and supervising

It is the responsibility of all nurses to create opportunities for nursing students and nurses under supervision to learn, as well as benefit from oversight and feedback. In their teaching and supervisor roles, nurses must:

- a. seek to develop the skills, attitudes and practices of an effective teacher and/or supervisor
- b. reflect on the ability, competence and learning needs of each student or nurse who they teach or supervise and plan teaching and supervision activities accordingly, and
- c. avoid, where possible, any potential conflicts of interest in teaching or supervision relationships that may impair objectivity or interfere with the supervised person's learning outcomes or experience. This includes, for example, not supervising somebody with whom they have a pre-existing non-professional relationship.

7.5.2. Assessing colleagues and students

Assessing colleagues and students is an important part of making sure that the highest standard of practice is achieved across the profession. In assessing the competence and performance of colleagues or students, nurses must:

- a. be honest, objective, fair, without bias and constructive, and not put people at risk of harm by inaccurate and inadequate assessment, and
- b. provide accurate and justifiable information promptly and include all relevant information when giving references or writing reports about colleagues.

See also the NMBA's Supervised practice framework.

7.6. Research in health

Domain: Research in Health

Value: Nurses recognise the vital role of research to inform quality healthcare and policy development, conduct research ethically and support the decision-making of people who participate in research.

7.6.1. Rights and responsibilities

Nurses involved in design, organisation, conduct or reporting of health research have additional responsibilities. Nurses involved in research must:

- a. recognise and carry out the responsibilities associated with involvement in health research
- b. in research that involves human participants, respect the decision-making of people to not participate and/or to withdraw from a study, ensuring their decision does not compromise their care or any nurse-person professional relationship(s), and
- c. be aware of the values and ethical considerations for Aboriginal and/or Torres Strait Islander communities when undertaking research.

See also the National Health and Medical Research Council publication: Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders

See also 2.1 Nursing practice on the application of evidence-based decision-making for delivery of safe and quality care.

7.7. Health and wellbeing

Domain: Promote Health & Wellbeing

Value: Nurses promote health and wellbeing for people and their families, colleagues, the broader community and themselves and in a way that addresses health inequality.

7.7.1. Your and your colleagues' health

Nurses have a responsibility to maintain their physical and mental health to practise safely and effectively. To promote health for nursing practice, nurses must:

- a. understand and promote the principles of public health, such as health promotion activities and vaccination
- b. act to reduce the effect of fatigue and stress on their health, and on their ability to provide safe care
- c. encourage and support colleagues to seek help if they are concerned that their colleague's health may be affecting their ability to practise safely, utilising services such as Nurse & Midwife Support, the national health support service for nurses, midwives and students

- d. seek expert, independent and objective help and advice, if they are ill or impaired in their ability to practise safely. Nurses must remain aware of the risks of self-diagnosis and self-treatment, and act to reduce these, and
- e. take action, including a mandatory or voluntary notification to Ahpra, if a nurse knows or reasonably suspects that they or a colleague have a health condition or impairment that could adversely affect their ability to practise safely, or put people at risk (see Principle 1: Legal compliance).

7.7.2. Health advocacy

There are significant disparities in the health status of various groups in the Australian community. These disparities result from social, historic, geographic, environmental, legal, physiological and other factors. Some groups who experience health disparities include Aboriginal and/or Torres Strait Islander peoples, those with disabilities, those who are gender or sexuality diverse, and those from social, culturally and linguistically diverse backgrounds, including asylum seekers and refugees. In advocating for community and population health, nurses must:

- a. use their expertise and influence to protect and advance the health and wellbeing of individuals as well as communities and populations
- b. understand and apply the principles of primary and public health, including health education, health promotion, disease prevention, control and health screening using the best available evidence in making practice decisions, and
- c. participate in efforts to promote the health of communities and meet their obligations with respect to disease prevention including vaccination, health screening and reporting notifiable diseases.

See also the NMBA's Position statement on nurses, midwives and vaccination.

8. REFERENCES

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9. KEY PERFORMANCE INDICATORS

The following Key Performance Indicators will be included in all Registered Nurses and Enrolled Nurses Performance Appraisals:

- Demonstrates a sound knowledge of the NMBA's Standards for Practice relevant to their nursing role.
- Consistency complies to and shows continued aspiration toward the expectations outlined in the NMBA's Standards for Practice relevant to nursing role.
- Demonstrates a sound knowledge of the NMBA's Code of Conduct for Nurses.
- Professional behaviour, clinical practice and general conduct meets or exceeds the expectations laid out in the NMBA's Code of Conduct for Nurses.